

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/596606

FILING DATE

APPLICATION

11/1/66

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3							53						
4		3		1		1	54						
5		0		1		1	55						
6		0		1		1	56						
7		2		1		1	57						
8		3		1		1	58						
9		0		1		1	59						
10		0		1		1	60						
11		0		1		1	61						
12							62						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓	1	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	11	←	11	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			12		12		TOTAL CLAIMS						